Enter your transmittal number

Log Anal Car The

Industrial Sewer User

2. Name of Permit Category

Transmittal Number

Your unique Transmittal Number can be accessed online: http://mass.gov/dep/service/online/trasmfrm.shtml or call MassDEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection

1. Permit Code: 7 or 8 character code from permit instructions

Transmittal Form for Permit Application and Payment (SUSTON) 389 769 130510 Fac

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application. Copy 2 must accompany your fee payment. Copy 3 should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:

> **MassDEP** P.O. Box 4062 Boston, MA 02211

* Note: For BWSC Permits, enter the LSP.

Permit No:

Rec'd Date:

Reviewer:

3. Type of P	roject or Activity				
B. Applica	nt Information – Fi	irm or Individu	al		
Saint-Gob	pain				
1. Name of I	Firm - Or, if party needing this	s approval is an individ	ual enter name belo	OW:	
Last Name of Individual One New Bond Street		3. Firs	3. First Name of Individual		
5. Street Add	dress	MA	01606	508 795 5000	·

7. State

MA

C. Facility, Site or Individual Requiring Approval

Saint-Gobain 1. Name of Facility, Site Or Individual One New Bond Street

2. Street Address

8. DEP Facility Number (if Known)

A. Permit Information

Sewer Discharge

BWP IW 38

6. City/Town

Wayne Wirtanen

11. Contact Person

Worcester 3. City/Town

01606 4. State 5. Zip Code

8. Zip Code

12. e-mail address (optional)

508 795 5000 6. Telephone #

9. Telephone #

7. Ext. #

10. Ext. #

9. Federal I.D. Number (if Known)

10. BWSC Tracking # (if Known)

D. Application Prepared by (if different from Section B)*

1. Name of Firm Or Individual

2. Address

3. City/Town

F. Amount Due

8. Contact Person

4. State

5. Zíp Code

6. Telephone #

7. Ext. #

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no If yes, enter the project's EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:

EOEA File Number

9. LSP Number (BWSC Permits only)

DEP Use Only Special Provisions:

☐ Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less). There are no fee exemptions for BWSC permits, regardless of applicant status.

2. ☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c). Alternative Schedule Project (according to 310 CMR 4.05 and 4.10). 3.

Homeowner (according to 310 CMR 4.02).

Check Number

\$1605.00

Dollar Amount

January 16, 2008

Date